

THE FOLLOWING IS A REPORT FROM
THE BOARD OF THE AGING & DISABILITY RESOURCE CENTER (ADRC) OF DANE COUNTY

PUBLIC HEARINGS ON MAY 1, MAY 29 AND MAY 31, 2019 ABOUT CONSUMER AND FAMILY EXPERIENCES WITH THE ADRC, PARTNERSHIP, FAMILY CARE AND IRIS IN DANE COUNTY

Submitted to Department of Health Services on June 26, 2019

EXECUTIVE SUMMARY

On May 1 at 10:00 a.m., May 29 at 5:30 p.m. and May 31, 2019 at 10:00 a.m. the Aging & Disability Resource Center (ADRC) Board of Dane County held public hearings and information gathering sessions as part of the ADRC Board duties. These public listening and information gathering sessions were advertised to the public via the ADRC website, various email list services, distributed fliers and advertisements in the local newspapers. The advertised discussion topics were: Tell us about your experiences with ADRC, Partnership, Unmet needs, and Family Care and IRIS for older adults and people with disabilities in Dane County.

Over all, approximately 100 people attended the three public hearings. A total of 10 people spoke at the hearings and 14 people submitted written testimony via emails. Some of the main issues/concerns and comments expressed centered around the following topics:

- ❖ The ADRC was universally praised for their professionalism and ability to help anyone who contacts them. The ADRC office is seen as a great place to come when you need to get help and learn how to navigate the adult long-term care system.
- ❖ A small sample of IRIS participants showed that most people who chose IRIS are reasonably satisfied with their services.
- ❖ Reduced transportation service is causing more isolation of individuals' social and church-going time. Para-transit services are being denied former Madison residents who reside in Monona. Concern was expressed about reduced transportation services having a negative effect on Dane County's very high employment rate.
- ❖ MCO's are squeezed by the State's deliberate cuts to the capitated rate. Recently, reduced services by 60% in reimbursement for services by a Dane County MCO caused lots of confusion for families and clients. Most of these families/clients opted to move on to either another MCO or switch to the IRIS program in order to keep their current level of services and their same providers. This whole situation caused many hardships for the families and clients involved. More transparency is needed regarding rate setting and Dane County labor costs must be factored in to the rates.
- ❖ Further evidence of the above-mentioned cuts is seen by the consequences involved in April when people with disabilities were institutionalized on an emergency basis for 148 total nights. This number surpasses the combined totals for 2017 and 2018. These in-patient costs are expensive and greater efforts to prevent emergency detention in the first place would better serve the individuals along with the budget of the MCOs.
- ❖ Fragmentation of the current system makes it easy to pass-the-buck when issues arise. There is no local control and accountability and there is little opportunity for community discussion about the current Family Care/IRIS systems.
- ❖ Clients and family members report an overwhelming support of Support Brokers and for providing increased time for the brokers included in their individual budgets.
- ❖ Getting reimbursed for Durable Medical Equipment (DME) is problematic because of new "red tape".

PUBLIC TESTIMONY

The ADRC conducted a series of public hearings/listening sessions on May 1, May 29 and May 31, 2019, in Cross Plains, Madison and De Forest, WI. There were approximately 100 people in attendance, including representatives from the state Dept of Human Services (DHS). The ADRC also received written testimony. Several concerns and issues, as well as positive feedback, was brought to the attention of the board of directors of the ADRC of Dane County. See a summary below of the public testimony.

- Appropriate and more training is provided to caregivers and providers
- Continue to fund the Support Broker concept
- Maintain adequate funding for Family Care and I.R.I.S programs
- Monitor I.R.I.S. Consultants for consistency of their solutions to issues/concerns and accountability
- I.R.I.S. budgets are too low to cover desired parts of the individual's plan
- Fiscal Employment Agency issues/concerns
- Lack of transportation services
- Programs are removed from local control and accountability
- Too many emergency institutionalizations
- Inability in the managed care system to be nimble during crises
- MCOs must engage providers and county experts from the get-go when it comes to challenging behaviors
- Durable Medical Equipment (DME) requests are difficult to expedite
- Consider that individuals served are so much more than the Functional Screen
- Caregivers need to be paid more than they receive now
- We are getting away from person-centered care and moving to a model that puts budgets first
- Consider approving other transportation modes besides MTM for medical appointments
- Non-profit facilities that care for disabled persons cannot retain a competent workforce at the reimbursement rate, and many around the country are simply going out of business
- Language in AB56/SB59 requires "DHS to increase rates paid for direct care to agencies that provide personal care services." I recommend you consider language that would require funding provided by the Legislature be passed directly through the agencies that manage personal care, including the Managed Care Organizations, to the actual providers who employ the Direct Support Professionals. Urge you to provide a 15 percent increase in the reimbursement rate to providers of those services
- Difficulty receiving mental health services under Family Care when you need them
- A website like YELP that provides reviews by consumers of assisted living and nursing home facilities.
- More funding for quality assurance monitoring of assisted living and nursing home facilities. (Consider moving that function from the State to the County.)
- Would like to see a monthly newsletter for aging folks
- A parent was complimentary of her contacts with the ADRC staff
- A supportive housing provider said that she was very pleased with the communication with the ADRC manager and ADRC staff.
- A person who serves as a manager of a senior program and is also general case manager writes that the ADRC is a valuable resource
- The ADRC was helpful in getting us our first choice of ICA and transitioning to a new ICA when the first one did not work out
- The ADRC was very helpful when my son transitioned from Family Care to IRIS

RECOMMENDATIONS

- ❖ The State needs to promote and encourage person-centered relationships throughout the Family Care and IRIS system.
- ❖ The State needs to look at the issue of caregiving for seniors and people with disabilities. Specifically, the shortage of and the lack of qualified caregivers and the issue of lower pay for caregivers needs to be prioritized, discussed and a plan of action developed and implemented as soon as possible.
- ❖ The State needs to work with Dane County on providing financial support for flexible solutions to the existing transportation system.
- ❖ The State needs to continue to monitor and provide the necessary funding to implement and continue a quality long-term managed care system. Provide adequate funding for Family Care and IRIS so that the MCOs do not have to suffer rate cuts and thus disrupt the consumer, families and providers by passing those rate cuts on to providers and consumers.
- ❖ The State needs to monitor quality assurance and contract negotiations for Family Care and IRIS contracts in order to remove the fragmentation of the system and insure consistency of decision-making and the provision of services.